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DEWIPAT File No. 30.014.11.US

Form PTO/SB/122
(Modified)**Change of Correspondence Address
Application****2005**

Application No.	09/657446	Attorney Docket	ARC 2762C1
Filing Date	2000-09-08	Customer No.	
Applicant	David E. Edgren et al.	Confirmation No.	1540
Examiner	Blessing M. Fubara	Art Unit	1615
Title	Extended Release Dosage Form		

Please change the Correspondence Address for the above-identified patent application to:

☒ Customer Number: 30766

OR

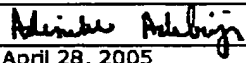
<input type="checkbox"/> Firm/Individual Name					
Address					
Address					
City		State		Zip	
Country					
Telephone		Fax			

This form cannot be used to change the data associated with a Customer Number. To change the data associated with an existing Customer Number use "Request for Customer Number Data Change" (PTO/SB/124).

I am the:

- ☐ Applicant/Inventor
- ☐ Assignee of record of the entire interest.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).
- ☒ Attorney or Agent of record. Registration Number **42,254**.
- ☐ Registered practitioner named in the application transmittal letter in an application without an Executed oath or declaration. See 37 CFR 1.33(a)(1). Registration Number ____.

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Printed Name	Adenike Adebisi		
Signature			
Date	April 28, 2005	Telephone	281-440-1712

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

☒ *Total of 1 forms are submitted.

SEND TO: Commissioner for Patents, P. O. Box 1450, Alexandria, VA 22313-1450.